

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Apache</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>11</u>
District of <u>St. Johns</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>24</u>
Town of <u>St. Johns</u>			Local Registrar No. <u>8</u>
or			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Not named</u> If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>No</u>	5. Legitimate? <u>yes</u>
		6. No., in order of birth _____	7. Date of birth <u>2 25-24</u>
			Month day year
8. FATHER		14. MOTHER	
Full name <u>Don Patterson</u>		Full maiden name <u>Alma Hamilton</u>	
9. Residence (Usual place of abode) <u>Halbrook</u>		15. Residence (Usual place of abode) <u>Halbrook</u>	
If nonresident, give place and state <u>Ariz</u>		If nonresident, give place and state <u>Ariz</u>	
10. Color or race <u>W</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>St. Johns</u>		18. Birthplace (city or place) <u>Nutbush</u>	
(State or country) <u>Arizona</u>		(State or country) <u>Ariz</u>	
13. Occupation <u>Garage man</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>Running garage</u>		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> (Born alive or stillborn.) at <u>3:0</u> p.m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>D. J. Pauldine</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>St. Johns, Ariz</u>	
Month, day, year. _____		Filed <u>3/10</u> 19 <u>24</u> <u>Mark J. Pauldine</u> Local Registrar	
Registrar. _____		County Registrar. <u>D. J. Pauldine</u>	

475-225-185